



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Susan Schiavi et al.

Serial No.: 09/909,775

Filing Date: July 19, 2001

For: PHOSPHATONIN-RELATED GENE  
AND METHODS OF USE THEREOF

#12

Examiner: Not Yet Assigned

Group Art Unit: 1646

Commissioner for Patents  
Washington, D.C. 20231**PETITION AND FEE FOR EXTENSION OF TIME**

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a 5 month extension of time to respond to the Notice of Incomplete Reply mailed on March 19, 2002.

1. The communication in connection with the matter for which this extension is requested
  - a.  is filed herewith; or
  - b.  has been filed on \_\_\_\_\_.
2.  Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
3.  The following fees are submitted:

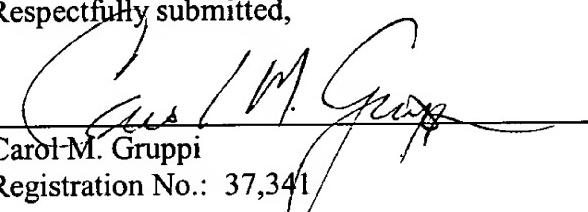
	<b>TOTAL MONTHS REQUESTED</b>	<b>OTHER THAN SMALL ENTITY</b>	<b>SMALL ENTITY</b>	<b>CALCULATIONS</b>
a. <input type="checkbox"/>	one month	\$110.00	\$55.00	\$
b. <input type="checkbox"/>	two month	\$400.00	\$200.00	\$
c. <input type="checkbox"/>	three month	\$920.00	\$460.00	\$
d. <input type="checkbox"/>	four month	\$1,440.00	\$720.00	\$
e. <input checked="" type="checkbox"/>	five month	\$1,960.00	\$980.00	\$1960.00
f. <input checked="" type="checkbox"/>	An extension for <u>4</u> months has already been secured for filing the above-identified communication and the fee paid therefor of <u>\$1,440.00</u> is deducted from the total fee due for the total months of extension now requested. The fee for this extension ( <u>\$1960.00</u> ), minus the fee previously paid ( <u>\$1,440.00</u> ) equals <u>\$520.00</u> (total fee due).			-\$1,440.00
04/11/2002	YPOJLITE1 00000109 501109 09909775			
01 FC:128	520.00 CH		<b>TOTAL FEES =</b>	\$520.00

- Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-1189, Docket No. 19442-7201, in the amount of \$ \_\_\_\_\_ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Billing Ref. No. 19442-7201. *A duplicate copy of this sheet is enclosed.*

DATE: April 8, 2002

Respectfully submitted,

By:

  
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Registration No.: 34,202

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